IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF HAWAII

LEROY KEMP, Plaintiff, vs. DR. SISAR PADERES, NURSE NEAL, NURSE NUNEZ, Defendants.	CIVIL NO. 03-00419 SOM-KSC

DEPOSITION OF BRENDA KALILIKANE
UPON WRITTEN QUESTIONS

Taken by and on behalf of the Defendants DR. SISAR PADERES and "NURSE NEAL" HAYASE, at the office of: KAPIOLANI MEDICAL CENTER at PALI MOMI, 98-1079 Moanalua Road, Aiea, Hawaii 96701, commencing at 2:25 o'clock P.M., on WEDNESDAY, SEPTEMBER 22, 2004, pursuant to Rule 31 of the Federal Rules of Civil Procedure.

MEDICAL RECORDS OF:	(1992 - PRESENT) OBTAINED FROM:
LEROY KEMP	KAPIOLANI MEDICAL CENTER AT PALI MOMI

BEFORE: FRANCES KRAMER, NOTARY PUBLIC, STATE OF HAWAII
Phyllis K. Kushiner, CSR NO. 147, State of Hawaii
HONOLULU REPORTING SERVICES
SUITE 401 - 1000 BISHOP STREET
HONOLULU, HAWAII 96813
Telephone Number: 524-6288

EXHIBIT "D"

STATE OF HAWAII)
) SS.
CITY AND COUNTY OF HONOLULU)

I, FRANCES KRAMER, a Notary Public in and for the State of Hawaii, do hereby certify:

That on WEDNESDAY, SEPTEMBER 22, 2004, at 2:25 o'clock P.M., appeared before me the witness, BRENDA KALILIKANE, whose deposition is contained herein; that prior to being examined upon written interrogatories, the witness was by me duly sworn;

I, PHYLLIS K. KUSHINER, C.S.R., Commission Number 147, in and for the State of Hawaii, do hereby certify:

That the same were taken under my direction and control and was thereafter reduced to typewriting under my supervision; that the foregoing represents, to the best of my ability, a correct transcript of the deposition had at the time in the foregoing matter;

That the reading and signing of this deposition were waived by the said BRENDA KALILIKANE, and the deposition is therefore kept on file without signature pursuant to Court rules.

We further certify that we are not counsel for any of the parties hereto, nor in any way interested in the outcome of the cause named in the caption.

Dated this 22nd day of SEPTEMBER 2004, in Honolulu, Hawaii.

FRANCES KRAMER
Notary Public, State of Hawaii
My commission expires:8/5/2008

PHYLLIS K. KUSHINER
Notary Public, State of Hawaii
C.S.R., Commission No. 147
My commission expires: 4/24/2007

KAPI'OLANI MEDICAL CENTER
At Pali Momi
98-1079 Moanalua Road
Aiea, Hawaii 96701

NAME: **Kemp, Leroy W**
MR #: 18-51-24 ROOM #: 5TH 080401
DICTATED BY: Calvin S Oishi, MD
ATTENDING PHYSICIAN: Calvin S Oishi, MD

OPERATIVE REPO

cc: Calvin S Oishi, MD

DATE OF OPERATION: 03/04/2004

PREOPERATIVE DIAGNOSIS: Severe osteoarthritis of the left knee.

POSTOPERATIVE DIAGNOSIS: Severe osteoarthritis of the left knee.

OPERATION PERFORMED: Left total knee arthroplasty, cemented type with a lateral release.

SURGEON: Calvin Oishi, MD

ANESTHESIA: General.

ANESTHESIOLOGIST: Mark Nishijo, MD

INDICATIONS FOR PROCEDURE: This 46-year-old was admitted for a replacement. The risks, alternatives, and benefits were explained in detail. The operative consent form was obtained.

FINDINGS: Loose lateral collateral ligament, but fairly stable after a medial release and placement of a 13-mm insert. At this point, it was felt that given his young age of 46 years, we would avoid using a constrained condylar knee. We will use a primary knee. If it fails, then later go to a constrained condylar knee in hopes of obtaining long-lasting relief with minimal bone loss.

PROCEDURE: The patient was placed in the supine position. After induction of general anesthesia, 1 g of cefazolin was given intravenously. The leg was prepped and draped in the usual sterile fashion. The leg was then elevated and exsanguinated with an Esmarch dressing and the tourniquet was put up to 300 mmHg.

A longitudinal incision of about 20 inches was made starting 5 mm medial and distal to the tibial tubercle coursing over the junction of the mid and medial thirds of the patella, and 10 inches proximal to the quadriceps tendon. The subcutaneous tissue was sharply incised, and a medial parapatellar arthrotomy was made in the standard fashion. Subperiosteal dissection of the proximal medial tibia was performed down to the posterior aspect of the joint. Infrapatellar adhesions were removed to expose the lateral joint line. The anterior synovium was removed to expose the anterior femur.

An osteotomy of the distal femur was made with a 7-degree valgus cut. The femur was sized; it was deemed to be a size 4. Formal medial and lateral meniscectomies were performed. An osteotomy of the proximal tibia was made 10 mm distal to the lateral plateau with a 5-degree posterior slope. The tibia was then sized; it was deemed to be a size 4. The size 4 was placed. At this time, a medial release was performed to balance the lateral ligaments. A 13-mm insert was placed. The knee demonstrated extension to 0 degrees, flexion well past 90 degrees, and excellent medial and lateral stability in 0 degrees of extension as well 30 degrees of flexion. Slight lateral laxity was noted; however, it was felt that at this point, we

would try a primary posterior-cruciate-sparing knee as opposed to a constrained condylar knee given his young age. Therefore, we proceeded on.

An osteotomy of the patella was performed and a 38-mm trial was placed. Lateral subluxation was noted flexion. Therefore, the superolateral genicular artery was identified and protected and a lateral release wa performed one inch lateral to the patella, down to Gerdy's tubercle distally, well past the vastus lateralis proximally. Repeat range of motion demonstrated flat articulation of the patella; this was then accepted. The trial components were all removed. Osteophytes were removed from the distal femur.

The true tibial tray was cemented into place. Rotation was made at the junction of the mid and medial thi of the tibial tubercle. Upon hardening of cement, the femur and patella were similarly cemented in place.

The tourniquet was let down. Hemostasis was obtained with Bovie cautery. A drain was placed out the lateral gutter. The medial parapatellar arthrotomy was repaired with 0 Ethibond. The subcutaneous tissue was closed with 0 Monocryl. The immediate subcutaneous tissue was closed with 2-0 Monocryl. The sk was closed with staples. The patient tolerated the procedure well.

ESTIMATED BLOOD LOSS: 10 cc.

COMPLICATIONS: No complication.

SPONGE AND NEEDLE COUNTS: Correct.

SPECIMENS TO PATHOLOGY: Debridement of knee.

Calvin S Oishi, MD

CSO/py2 D: 03/04/2004 11:20 A T: 03/04/2004 11:31 A J#: 000021351 D#: 313378

Kapiolani Medical Center at Pali Momi
Department of Pathology
98-1079 Moanalua Road
Aiea, HI 96701
TEL: 808-485-4243 FAX: 808-485-4381

Surgical Pathology Report

Patient Name:	**KEMP, LEROY W**			Accession #:	**PS04-1055**
Med. Rec. #:	185124	Client:	PMMC - Kapiolani	Taken:	3/4/04
DOB:	3/7/1957 (Age: 46)	Location:	5TH (P) 514A	Received:	3/4/04
Gender:	M			Reported:	3/6/04
Physician(s):	Calvin S Oishi, MD (13422)				
cc:					

Other Info: cc Halawa Prison
History/Clinical Dx: Left knee osteoarthritis

Postoperative Dx: Same

Procedure: Left total knee arthroplasty

Specimen(s) Received:
Left knee bone et tissue

DIAGNOSIS:

Bone and tissue, left total knee arthroplasty: Degenerative joint disease (osteoarthritis)

MP/jw/3/4/04

Gross Description

Received in formalin labeled "left knee bone and tissue" are multiple excisions of white-tan bone, cartilage, and tan-yellow fibrofatty soft tissue measuring aggregate 8.0 x 7.0 x 7.0 cm. The articular surfaces of the bone demonstrate prominent erosion and degenerative change. After decalcification, representative sections are submitted in blocks 1-2.

MP-/jw/3/4/04

Microscopic Description

Decalcified sections of bone demonstrate areas of erosion and degenerative change within the overlying articular cartilage. Soft tissues demonstrate mild edema and slight chronic inflammation.

Electronically Signed Out By Mark Pitts, M.D.